

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be additional reimbursement for date of service 05/17/01?
  - b. The request was received on 03/12/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60
  - b. HCFAs
  - c. EOBs/TWCC-62
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC-60 and Response to a Request for Dispute Resolution
  - b. EOBs
  - c. Medical Records
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission case file does not contain the additional documentation from the Requestor, which is required by TWCC Rule 133.307 (g)(3). The Commission case file contains a fax confirmation indicating the Commission requested the required additional documentation from the Requestor on 05/13/02. The findings and decision will be based on the initial request and the Carrier's initial response to the request.
4. Fax confirmation of Commission request for required additional documentation, per TWCC Rule 133.307 (g)(3), is contained in Exhibit III.

### **III. PARTIES' POSITIONS**

1. Requestor: no statement of position submitted
2. Respondent: no statement of position submitted

**IV. FINDINGS**

1. Based on TWCC Rule 133.307 (d)(1&2), the only DOS eligible for review is 05/17/01.
2. The carrier's EOBs have the denial:  
"M – REIMBURSED TO FAIR AND REASONABLE"
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID per TWCC60	EOB Denial Code	MARS	REFERENCE	RATIONALE:
05/17/01	J1020	\$20.00	\$5.52	M	DOP	Texas Workers' Compensation Act & Rules, Sec. 413.011 (d), Rule 133.304 (i); MFG, GI (III)	The carrier's response and the provider's request contain documentation that the carrier reimbursed the provider an additional \$4.75. The remaining amount in dispute is therefore, \$9.73. The MFG, GI (III) states, "(DOP) in the ...(MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill." This places the burden on the provider to show what is fair and reasonable reimbursement. The only reimbursement data found in the Commission case file is an invoice of supplies purchased by the provider, which was in the carrier's response. The provider has not supplied adequate documentation to show that the amount of reimbursement received is not fair and reasonable or to show that the amount requested is fair and reasonable. Therefore, no additional reimbursement is recommended.
05/17/01	J2000	\$7.00	\$2.22	M	DOP	Texas Workers' Compensation Act & Rules, Sec. 413.011 (d), Rule 133.304 (i); MFG, GI (III)	The MFG, GI (III) states, "(DOP) in the ...(MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill." This places the burden on the provider to show what is fair and reasonable reimbursement. The only reimbursement data found in the Commission case file is an invoice of supplies purchased by the provider, which was in the carrier's response. The provider has not supplied adequate documentation to show that the amount of reimbursement received is not fair and reasonable or to show that the amount requested is fair and reasonable. Therefore, no additional reimbursement is recommended.
<b>Totals</b>		\$27.00	\$7.74				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 10<sup>th</sup> day of July 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.